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# California's Health

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## Health Conditions and Services in California for Domestic Seasonal Agricultural Workers and Their Families

### Part I Introduction

This report represents the outspoken and increasing concern of Californians with the current serious health problems of domestic farm workers and their families. Such concern stems from the wide gap between the standard of medical care available to Californians living in rural fringe areas and isolated farm labor camps and the standard of care available to comparable economic groups in our cities.

In July 1960, Governor Brown requested the State Department of Public Health to study the current health conditions and services of seasonal agricultural workers and to propose specific solutions to him. Dr. Malcolm H. Merrill promptly appointed Dr. R. Bruce Jessup, of the Department of Pediatrics, Stanford University School of Medicine, to direct a special Task Force on Health Services for Seasonal Agricultural Workers\* for this purpose during the summer.

The Task Force proceeded immediately to summarize what had been done and what had been repeatedly recommended but not done for these people nationally and state-wide in recent years. They simultaneously adopted a plan for field interviews with community leaders and with several hundred workers' families in several counties. The health jurisdictions of Sutter-Yuba Counties, Fresno County, and Imperial County were arbitrarily selected because of their expressed interest in the problem and because of their geographically representative positions throughout California.

Before field interviews were begun, discussions of objectives and plans

This is the first part of a condensation of the report and recommendations made to Governor Edmund G. Brown, at his request, by Malcolm H. Merrill, M.D., State Director of Public Health, on the health conditions and services in the State for domestic seasonal agricultural workers and their families. The second and final part will appear in the next issue.

were held with representatives of growers, labor, the California Medical Association, the County Supervisors Association of California, and others. Support for the undertaking as outlined was expressed by all those contacted. During the seven weeks of field work, the interest, cooperation, and assistance universally encountered evidenced the recognition of this health problem and the interest of all in taking steps toward a permanent and practical solution.

Thanks go to Californians all over the State—growers, doctors, nurses, sanitarians, teachers, social workers, legislators and others—who have all generously assisted. Particular thanks go also to the farm workers' families who were so gracious in accepting staff into their quarters for the health interviews.

The report begins with the Department's recommendations for State action based upon the summary and conclusions which will appear in Part II.

The following recommendations are limited to suggestions for action to meet the presently acute health needs of California's seasonal agricultural workers. This limitation on the scope of the recommendations should in no sense be interpreted as reflecting an opinion that health needs are the only, or even the major, problem of these California workers and their families. However, in contrast to the complexity of the underlying economic factors in improvement in housing, education, wages, etc., it was felt by representatives of all groups interviewed that the health problem can be met, and met now, by local communities if the state and federal governments provide them adequate support and subsidy. There is definitely both federal and state responsibility in dealing with health problems of this large group of citizens on whom so much of California's agricultural production depends.

### RECOMMENDATIONS

In developing these recommendations, all groups and individuals consulted, at both state and local levels, agreed that the solution to this problem must be developed at the community level by extension of local services rather than at the state or federal level. This conviction is based on the strong opinion that health needs as

\* Included in Task Force activities were Mrs. Gwendolyn Beckman, Willard Brown, M.D., Miss Arline Lewis, Mr. Jack Murray, Belle Dale Poole, M.D., and Dean Tirador, M.D. They were aided by a Departmental Advisory Committee composed of Lester Breslow, M.D., Leslie Corsa, Jr., M.D. (Chairman), John C. Dement, M.D., Wm. Allen Longshore, Jr., M.D., and Frank M. Stead.



In the 1930's, a new group of agricultural workers appeared in California—refugees from the "dust bowl" of the Middle West. Our border plant control station counted more than 285,000 persons in need of manual employment who entered California by motor vehicle between July 1935 and September 1938. The majority sought field work in Kern, Tulare, and Fresno Counties in the San Joaquin Valley.

During the years of World War II, the heavy demand for labor and high wages in defense industries created an acute labor shortage in the California agricultural labor market. It was during this time that official encouragement of immigration and importation of Mexican workers began. From that time on, the utilization of *braceros* or Mexican nationals has proportionately increased up to the summer of 1960. In 1959, out of an estimated 205,600 seasonally employed domestic farm laborers, 65,500 were domestic migrants and 83,400 were foreign contract workers. Since 1954, these foreign workers have been subject to federal regulation under Public Law 78, requiring entry medical examinations at the border, medical care and hospitalization insurance, and pre-occupancy inspection enforcing housing and sanitation standards.

Mechanization of farm operation in California has had an important influence on farm labor demand. The recent development of mechanical fruit and vegetable pickers will continue to affect labor demand. However, no immediate reduction in the demand for stoop-labor in California agriculture over the next five years is anticipated, because this gradual mechanization will be offset, at least for the present, by increased agricultural production.

The numbers of local temporary, interstate migrants, and out-of-state migrant agricultural workers have remained quite stable over the past five years.

#### Special Health Services and Studies in California

Particularly since the 1930's, with the acute and widely publicized problems associated with the migrants from the "dust bowl," interest in the health needs of California's agricultural workers has periodically been intense.

In 1938, after the migration of great numbers from the Mid-West, representatives of the California Medical Association, California State Department of Public Health, the United States Public Health Service, and the federal Farm Security Administration proposed a medical care plan which was promptly put into operation and continued until 1948. The Agricultural Workers Health and Medical Association was incorporated in California and later extended its operation to Arizona. Five other similar associations eventually covered the United States. The purpose of the association was "the provision of medical and dental services, nursing or hospitalization, medical and surgical supplies and appliances and such other services and supplies as might be incident to the convenience and preservation of the health of its members." Funds were supplied from the Farm Security Administration of the United States Department of Agriculture. During one year, 1946, this association utilized the services of 750 physicians, 180 dentists and 59 nurses to assist 36,324 cases. The expenditure of federal funds in California for this purpose reached \$640,895 in that year, a cost of \$1.50 to \$3 per eligible man per month. Much of the success of the program was due to the group of field nurses who screened the medical cases in the camps, treated minor ailments under standing orders from the physicians, assisted the local private physicians in the clinics, referred difficult cases to private physicians for treatment or hospitalization, and provided continuity with the administrative personnel of the association. The function of the administrative personnel was chiefly provision of funds; and they confined their activities to fiscal policies and placed responsibility for conduct of medical services on the medical and dental professions.

Dr. Karl Schaupp was referring to this program when he made the following comment in his address as retiring president of the California Medical Association: "There is a story of accomplishment by the California Medical Association that must be told at this time. It must be told because it can clarify so many of the problems which face us at the present, and can help to dispel the fog of doubt and suspicion that arises before the minds of many physicians when

co-operation with government agencies is mentioned. It must be told because it proves that sincerity of purpose, open-mindedness, mutual trust can overcome seemingly insurmountable obstacles."

#### San Joaquin Valley Committee

Following the second World War, the numbers of domestic agricultural workers increased and nationwide publicity was focused on the San Joaquin Valley when 28 infant deaths there in 1949 were found on investigation to be mainly in the families of agricultural workers and due chiefly to diarrhea and pneumonia. The Governor set up a committee for an intensive study of agricultural labor in the San Joaquin Valley. The results of their study were published in 1951.

Among the recommendations of the committee were the following:

1. Decentralization of medical facilities (through mobile clinics, or establishment of local clinics in outlying communities to bring specialized services to agricultural workers in the more remote rural areas).
2. Increased availability of medical services through removal of residency requirements for medical care.

EDMUND G. BROWN, Governor  
MALCOLM H. MERRILL, M.D., M.P.H.  
State Director of Public Health

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3. Increased health education, emphasizing nutrition education.
4. Development of a plan to make medical care available to all agricultural workers through a planned and organized system of medical care on a statewide basis.

#### **Fresno County Clinics**

Also in 1951, the Westside Clinics were set up in Fresno County by a committee composed of growers, medical society members, and representatives of voluntary and official health agencies and service clubs. The clinics received initial financial assistance from the Rosenberg Foundation and have since provided a decentralized medical service for agricultural workers' families on the west side of the county. Facilities for the clinics are provided by growers and the clinics are held at night, several times a month in five locations. They are staffed by nurses paid from county hospital funds, by volunteer nurses and by physicians from the county hospital and county medical society. In 1958, over 6,000 visits were made to the five clinics. A drop in infant mortality rate of 50 percent was experienced in the first three years of operation of the clinics.

#### **California Health Survey**

The California Health Survey, conducted by the State Department of Public Health in 1956, showed that agricultural workers have low levels of hospital admissions and medically attended conditions, as well as higher levels of infective and parasitic diseases, circulatory diseases, and accidents. Their stays in hospitals are long, both as a group and per admission. The unfavorable immunization status of farm workers' children in regard to smallpox, diphtheria, whooping cough, tetanus, and poliomyelitis was also demonstrated.

#### **Lien Laws**

A study of lien laws and their enforcement in 1958, indicated that 53 of the 58 counties required a signed lien or a written agreement about payment before medical care could be obtained at county hospitals. Thirty-five of the 58 counties indicated that they did not accept non-residents for service except under emergencies or other conditions required by state law.

#### **Food-crop Sanitation**

In 1959, renewed interest in the sanitary environment of the seasonal

farm worker was shown when representatives of labor, agriculture, state and local government, the University of California, and community organizations met to discuss ways of obtaining food-crop sanitation in the fields. This interest has grown so that now 17 counties have organized committees to promote locally the provision of toilet, handwashing, and drinking water facilities to the workers in the field.

#### **CMA Study**

The California Medical Association, in a 1959 study of medical care of the migrant in California, pointed out that there is essentially no health insurance coverage for this group worth mentioning, that crippled children's services and vocational rehabilitation treatment services have residence requirements, that community-sponsored health programs have failed to materialize outside of Fresno County, and that the most frequent source of care was private charity. The health insurance program required by law for the importation of Mexican contract workers was described, and it was pointed out that no such program was available to our own workers.

#### **Rural Health Conference**

At the March 1959 Fresno Conference of the California Rural Health and Education Association, health conditions of seasonal agricultural workers received critical attention.

#### **Migrant Ministry Interviews**

In interviews with 200 agricultural worker families selected by the California Migrant Ministry in December 1959, the serious lack of available health services was again emphasized. "In discussing their health needs, these families felt that they needed: better housing; better sanitation; cleaner surroundings; more knowledge of health and sanitation; more money for better food; free clinics; closer clinics; free hospitals and closer hospitals; better clothes; etc."

#### **Department Questionnaires**

In February 1960, the California State Department of Public Health selected the counties in the State with large populations of domestic seasonal agricultural laborers and sent questionnaires asking about health services for these workers. Twenty-three counties replied, and only four

of these indicated that they gave any type of special attention to the seasonal workers. Two of these four maintained decentralized out-patient clinics specifically for seasonal agricultural workers. All the counties, however, stated out-patient care was available at the county hospital and that standard child health conferences and immunization clinics were open to all without residency restriction.

#### **County Conferences**

San Joaquin, Kings, Tulare, Santa Clara, and Kern Counties held conferences early in 1960 on the problems of seasonally employed farm workers. They were attended by farmers, laborers, doctors, ministers, educators, and government officials. They repeatedly recommended that more attention be directed toward medical care, health education, and wider usage of existing community health resources for these people.

#### **Statement to U.S. Senate**

In a statement before the U. S. Senate Subcommittee on Migratory Labor, in July 1960, Dr. Malcolm H. Merrill, Director of the State Department of Public Health said that: "California's record in health matters affecting migratory labor is essentially the same as for the other Western States . . . The major problem in California is the relative unavailability of medical care and inadequacy of preventive services available to the seasonal agricultural workers. Little has or is being done locally in California counties or at the state level to meet these special health needs of the migrant group." Dr. Merrill told the subcommittee that county hospitals and county health departments are the two major public-supported sources of direct medical assistance which could be better utilized to meet the medical needs of migratory labor.

#### **Consensus of California Studies and Recommendations**

Since 1935, there has been special interest in the health problems of the seasonal agricultural workers in California. From the migratory demonstration project of the State Department of Public Health in 1936 through the work of the Farm Security Administration in the 1940's, to the more recent studies by the State Department of Public Health

in 1960, it has been repeatedly shown that these people have a greater number of medically uncorrected conditions than the rest of our population and that they are less able to take care of them than any other group.

Similarly, the recommendations made by various groups from 1935 to the present have undergone little change. Decentralized clinics, extension of local health services, relaxation of residency requirements, and development of coordinated plans for provision of medical care for the seasonal agricultural workers have all repeatedly been proposed.

Action in California has been lacking—only two counties have established decentralized clinics; residency requirements, liens and written agreements are still necessary to obtain medical care in most of the counties in California; and no satisfactory plan of medical care for these people has been developed.

Certainly any action taken to better the health conditions of these people could not be called precipitous for it would be backed by a solid history of studies and recommendations over the past 30 years.

*(To be continued in the next issue)*

## Bruce Jessup, M.D., Joins Department Staff

Bruce Jessup, M.D., joined the staff of the State Department of Public Health in January as Consultant in Rural Health assigned to the Bureau of Maternal and Child Health. He will have responsibility for the development of a new program for seasonal agricultural workers. Dr. Jessup was employed half-time as a consultant to the Department during July, August, and September 1960, during which time he was in charge of a task force on health services for seasonal agricultural workers. He had primary responsibility for development of the Department's report to Governor Brown in October 1960. (Part I of a condensation of this report appears in this issue.)

Dr. Jessup will be assisted in the development of the new program by a Departmental coordinating committee. An Advisory Committee on Health Services for Seasonal Agricultural Workers will also be appointed to work closely with the Department

## Sanitation Legislation Proposed For Food Crop Harvesting

A state law requiring toilets and handwashing facilities for farm workers in the field is being submitted to the 1961 Legislature. Sanitary facilities have long been required for most other groups of workers.

In 1955, when the question of food crop harvesting sanitation was first raised in Salinas Valley, the industry responded voluntarily in spectacular manner. When, however, the lettuce growers of that area discovered that other food producers and lettuce growers in other areas were not following suit, interest waned.

In 1959, a task force of members of the State Departments of Agriculture, Employment, Industrial Relations, and Public Health was appointed. Seventeen local action committees were established, and after a year's work with them and with other groups, the task force was able to submit a report. Their report stated that "the only way to achieve a statewide uniform approach is by the enactment of a statute. There is statewide interest in the sanitary handling of food crops, which is by no means confined to the area where they are grown. Interest in all parts of the state now runs high as a result of the sincere efforts of hundreds of local participants in the local action programs; and all these people look to the state to take the leadership in bringing this program to fruition. Finally, through the publicity which the program has received, the consuming public is now very much concerned that raw foods be handled in a sanitary manner, and many agricultural workers have now developed an

during the coming months in planning and operating the program.

Dr. Jessup comes to the Department from the Stanford University School of Medicine, having previously been a pediatrician in the Palo Alto Medical Clinic for seven years. He was a consultant to the Bureau of Maternal and Child Health and formerly served on the Crippled Children Services Advisory Committee to the Department.

He received his M.D. from Stanford University School of Medicine in 1949 and is a member of the American Academy of Pediatrics.

appreciation of the value to themselves of toilets and handwashing facilities."

They also reported that "there is virtually unanimous agreement on the part of workers, employers, and agriculturalists that provision of toilets and handwashing facilities for food crop harvesting workers is necessary and practicable."

On this basis, the task force reached the conclusions that it is now time for the state to make its decision on the basic question of toilets and handwashing facilities for food crop harvesting workers; and that the decision should be in the form of a new statute enacted at the forthcoming session of the Legislature.

The directors of the four departments of state government concerned accepted the principal recommendations made by the task force in their report:

- "1. A statute should be developed by the State Departments of Agriculture, Employment, Industrial Relations, and Public Health which contains the following elements:
  - a. A definition of field crop operations where toilets and handwashing facilities are required.
  - b. Provision for specifying the number and kind of facilities required, their proximity to the field workers, and their method of maintenance.
  - c. Placement of the responsibility for providing and maintaining facilities, and placement of responsibility for insuring use of facilities.
  - d. Placement of responsibility for enforcement of the statute.
  - e. A suitable penalty for violation.
2. The statute should be developed through the mechanism of two statewide meetings at the first of which suggestions should be sought on the above-mentioned elements of legislation; and at the second of which a draft should be discussed."

The State Departments have tried throughout the entire study to make available an opportunity for the solution of the food crop harvesting sanitation problem through efforts of the parties most directly involved; and the two public meetings afforded an opportunity for the forging of legislation by "grass roots" methods.

The first meeting was held December 21 in Berkeley and the second December 29 in Los Angeles. As a result of these discussions, a legislative bill is now being drawn up by the Legislative Counsel incorporating the recommended features.

## Citizens Commission Proposals Opposed by Health Groups

State and regional groups concerned with health education in California schools are strongly opposed to the recommendations about health instruction made by the Citizens Advisory Commission to the Joint Interim Committee of the Legislature on the Public Education System.

The Citizens Commission has recommended the elimination of health instruction, or "training for healthful living" as it is worded in Section 7604 of the Education Code, as a prescribed area of instruction; the elimination of driver education and training; changes in Sections 8151-8164 of the Education Code to combine health education and physical education as one discipline and reduce the amount of required physical education in schools. The Commission also recommended changes relative to alcohol and narcotics education.

### California Medical Association

The California Medical Association wrote to the Joint Interim Committee on the Public Education System in part as follows: "There is amply documented evidence to show that the schools have a responsibility to not only encourage the maintenance of good health in their pupils, but to teach youth the ways and means of maintaining it throughout life. . . .

"We feel that health, including personal health, safety, consumer health, health attitudes and practices, community health, and education for healthful family living should be in the school curriculum wherever appropriate. . . . teachers of health, as in other curriculum areas, should be specifically trained for their tasks." CMA also supported physical education for all students at the elementary and secondary levels and the retention of the driver education and driver training requirement.

### CCLHO Resolution

The California Conference of Local Health Officers at their November 1960 meeting passed a resolution which included this statement: "If legislation to this effect is introduced and enacted, the teaching of health would be removed from the academic level where it properly belongs, scientific content would be diluted, and students would be deprived of knowl-

edge they need to make decisions affecting their health now and in adult life."

### NCPHA Resolution

The Northern California Public Health Association concluded its resolution of September 1960 with this statement: "The association strongly supports the belief that health and safety instruction should *continue to be* a basic and integral part of the required curriculum in elementary schools, high schools and colleges."

### SCPHA Resolution

The Southern California Public Health Association in its resolution of December 1960 declared that the proposed amendment to Section 7604 of the Education Code would . . . "be an unwarranted and scientifically unsound backward step in meeting the health needs of our future citizens."

### State Board of Public Health

Members of the State Board of Public Health in their resolution of December 1960 stated: "If legislation to this effect, is enacted, the school instruction program in health and safety would be seriously weakened to the detriment of the health and welfare of the entire citizenry of the State."

### California Dental Association

The California Dental Association in one paragraph of their letter to the Interim Committee submits, "that health education is, and should be continued as, a separate discipline from physical education. The effect of adoption of the recommendation to combine the two would be to submerge the health education function into another discipline. This, we are convinced, would be a serious error and a disservice to the people of California."

### State P-TA Stand

The California Congress of Parents and Teachers outlined their position in November 1960 when they stated that: "The C.C.P.T. believes that health education should be an integral and basic part of the total educational program. As good health assists the individual to achieve his optimum personal potential, it is more necessary than ever that good health education courses be continued in the public schools under capable qualified teachers."

### California School Health Association

The California School Health Association, in its letter to the chairman of the Interim Committee in November 1960, makes the following statement: ". . . we are greatly disturbed by recommendations in the report relating to the health education of California's children and youth. Health education is an academic discipline with a distinct body of knowledge which is related to, but different from physical education and other instructional areas in the curriculum. The Commission's report which recommends that health education and physical education be combined and treated as one discipline—and then makes this discipline mandatory in only certain grades—would defeat those purposes of health education which serve to improve the health knowledge and behavior of our children and youth. There is no justification for the exclusion of health education in grades kindergarten through 3 and grades 11 and 12."

### Public Health Educators Stand

A group of public health educators in the Bay Area who are fellows of the nationwide Society of Public Health Educators have urged that "the Joint Interim Committee on the Public Education System examine thoroughly the place of health education in our schools before suggesting legislation that could make basic changes in the way it is taught. Prior to making legislative changes in the Education Code, there should be adequate study made by persons in education and in the health sciences."

The stand taken by these California groups coincides with that expressed by the American Medical Association in June 1960 in a resolution voicing the AMA's "longstanding and fundamental belief that health education should be an integral and basic part of school and college curriculums."

"Physicians and others respond best to disability, disease, deficiency, and distress. We must learn to respond equally well to prevention, protection, preservation, and the improvement of health, both personal and public."—Dr. Frederick J. Stare, quoted in *Journal of the American Dietetic Association*, Volume 37, Number 3.



## Public Health Positions

## Contra Costa County

**Assistant Health Officer:** Salary range, \$1,100 to \$1,337. To be responsible for the Crippled Childrens Services and accident prevention divisions. Minimum requirements include graduation from an approved medical school, completion of an internship in an approved hospital, and either (1) two years of public health experience, or (2) certification by a board in an appropriate specialty, or (3) one year graduate study in public

health or its equivalent and one year experience, or (4) two years graduate training in an accepted residency in an approved hospital and two years medical experience.

Offices are located within easy commute of all East Bay communities including Berkeley and Oakland. Applications must be submitted by February 10, 1961. Further information may be obtained by writing Contra Costa County Civil Service Department, Room 220, Hall of Records, Martinez, California.

## Humboldt-Del Norte County

**Director of Public Health Nursing:** Salary range \$519-\$649. Starting level negotiable and automatic step increase after first six months. Generalized program in semi-rural bi-county jurisdiction in Redwood Empire on Pacific coast serving population of 125,000. California PHN certification and administrative experience required. Nursing staff of 15 including supervisor. Work week is 37½ hours.

**Public Health Nurse:** Salary range \$459-\$549. Advance to second step after six months. Generalized program, including school nursing. Requires California PHN certificate. County car furnished.

For either position, apply to L. S. McLean, M.D., Health Officer, Humboldt-Del Norte County Health Department, 805 Sixth Street, Eureka, California.

# REPORTED CASES OF SELECTED NOTIFIABLE DISEASES CALIFORNIA, MONTH OF DECEMBER, 1960

Disease	Cases reported this month			Total cases reported to date		
	1960	1959	1958	1960	1959	1958
<b>Series A: By Place of Report</b>						
Amebiasis	74	27	49	567	579	998
Coccidioidomycosis	34	27	27	268	292	223
Measles	738	751	1,411	22,684	41,018	36,231
Meningococcal Infections	20	14	25	209	190	197
Mumps	2,561	1,975	1,064	26,176	14,071	17,271
Pertussis	117	154	203	1,964	2,462	3,844
Rheumatic Fever	10	15	13	147	149	145
Salmonellosis	107	111	109	1,309	1,173	1,147
Shigellosis	155	217	156	2,091	2,151	1,965
Streptococcal Infections, Respiratory	3,379	2,560	1,784	32,176	25,921	15,045
Trachoma	1	1	1	99	26	20
<b>Series B: By Place of Residence</b>						
Chancroid	5	9	9	112	85	91
Conjunctivitis, Acute Newborn	1	2	1	14	10	20
Gonococcal Infections	1,554	1,816	1,602	19,236	17,237	17,641
Granuloma Inguinale	-	-	-	12	2	8
Lymphogranuloma Venereum	2	1	-	26	19	29
Syphilis, Total	676	672	527	7,926	6,802	6,204
Primary and Secondary	139	103	76	1,581	1,038	663
<b>Series C: By Place of Contraction</b>						
Botulism	-	-	-	-	3	1
Brucellosis	9	1	1	28	15	38
Diarrhea of the Newborn	8	43	-	30	105	21
Diphtheria	-	-	-	1	6	6
Encephalitis	23	42	28	502	433	550
Food Poisoning (exclude botulism)	195	166	547	1,814	1,668	1,558
Hepatitis, Infectious	494	240	179	4,902	2,620	1,994
Hepatitis, Serum	20	5	8	138	96	111
Leprosy	3	-	-	10	16	13
Leptospirosis	-	-	1	2	4	4
Malaria	-	1	5	11	26	27
Meningitis, Viral or Aseptic	31	38	67	700	843	985
Plague	-	-	-	-	2	-
Poliomyelitis, Total	11	47	21	424	504	327
Paralytic	6	43	14	368	430	246
Nonparalytic	5	4	7	56	74	81
Psittacosis	-	2	-	14	17	18
Q Fever	1	2	-	31	63	35
Rabies, Animal	8	13	7	116	147	161
Rabies, Human	-	-	-	-	1	1
Relapsing Fever (tick borne)	-	-	2	6	3	2
Rocky Mountain Spotted Fever	-	-	-	2	3	-
Tetanus	2	4	1	33	44	43
Trichinosis	-	-	1	3	7	6
Tularemia	-	-	-	3	4	4
Typhoid Fever	7	7	16	63	77	98
Typhus Fever (endemic)	-	1	2	2	4	5
Other*	-	-	-	-	-	-
Tuberculosis <sup>1</sup>	-	-	-	5,067	5,230	5,868

\*This space will be used for any of the following rare diseases if reported: Anthrax, Cholera, Dengue, Relapsing Fever (louse borne), Smallpox, Typhus Fever (epidemic), Yellow Fever.

<sup>1</sup>Tuberculosis cases are corrected to exclude out-of-state residents and changes in diagnosis; monthly figures are not published.

## Monterey County

**Public Health Microbiologist:** Salary range, \$423 to \$523. Automatic increase to \$446 after first six months. Requires California certification as public health microbiologist and current licensure as clinical laboratory technologist. Driver's license and car necessary for some travel to branch office.

**Public Health Nurse:** Salary range, \$401 to \$496. Automatic increase to \$423 after first six months. Supervised generalized program. Requires California registration and PHN certificate or eligibility, driver's license and car.

Both positions covered by State retirement plan; 3 weeks vacation and 3 weeks sick leave accumulated annually. County pays part of voluntary group health insurance. Mileage allowance 10¢ per mile.

For additional information or application forms for either position, write to Myron W. Husband, M.D., Health Officer, Monterey County Health Department, 154 W. Alisal Street, Salinas, California.

## Santa Barbara County

**Public Health Physician:** Salary range, \$947-\$1151. Qualifications: Medical license and two years experience in public health, plus M.P.H. Duties include clinical work and assistance to health officer in carrying out public health functions. Vacation, sick leave, and retirement benefits are provided. For further details apply, giving qualifications and experience, to Joseph T. Nardo, M.D., Health Officer, Santa Barbara County Health Department, P.O. Box 119, Santa Barbara, California.

## State of California

**Public Health Nurse:** Salary range, \$505-\$613. Employment with the State Department of Public Health for assignment to Trinity, Lake, or other county contracting with the State for public health services. Transportation furnished; liberal personnel benefits. Opportunities for progressive program development in rural communities. Requirements: two years of experience in a generalized public health program and completion of college program approved for public health nursing.

For details write to Miss Corrine Hall, Supervisor of Public Health Nursing, Bureau of Public Health Contract Services, California State Department of Public Health, 2151 Berkeley Way, Berkeley 4, California.

## Attorney General's Opinion

Malcolm H. Merrill, M.D., State Director of Public Health, requested the opinion of the State Attorney General's office as to whether either the lessor or lessee must obtain a license to operate a cold storage warehouse in a situation where the lessor supplies refrigeration and leases the premises to the lessee who stores food therein for resale.

The conclusion of the Attorney General was that under the circumstances described the lessee was in fact operating a cold storage warehouse and would have to obtain a license therefor. The lessor, on the other hand, was not operating a cold storage warehouse but was merely leasing real property.

In previous opinions, situations were considered in which the owners of refrigerating warehouses rented out space in their warehouses to several individual storers. None of the storers controlled the entire area of the warehouses. The conclusion in each of these situations was that the owners of the warehouses were in fact operating cold storage warehouses.

In the arrangement discussed in the more recent opinion, however, the entire warehouse was leased to a single lessee who controlled it in its entirety. The lessor, on the other hand, had no connection with the business other than the leasing of the premises and the maintaining of the refrigeration.

## Uniform Measurement of Oxidants Encouraged Throughout State

The State Department of Public Health recently took steps to make the method of measuring and reporting oxidants uniform throughout California. The change was necessitated by the need for uniform data and because the air quality standards adopted by the Department prescribe that oxidants be measured by the potassium iodide method.

A number of agencies have been measuring oxidants by manual methods using phenolphthalin reagents and have reported their results as "oxidants by the phenolphthalin method." All agencies now using this procedure will be encouraged to change to the manual potassium iodide method. Where change from the phenolphthalin method cannot be achieved, or until such changes have been made, the phenolphthalin readings will be divided by two and reported as "adjusted oxidant."

However, the Department will consider the photometric potassium iodide recorder now used in air monitoring throughout California as the standard method for measuring oxidant, with manual sampling methods and other types of potassium iodide recorders as secondary methods.

The law pertaining to the cold storage of foods is contained in sections 28110 through 28160 of the Health and Safety Code.

## Dental Survey Completed for Department of Corrections

The Dental Health Division of the California State Department of Public Health recently completed a dental survey for the State Department of Corrections. The survey is probably the most comprehensive evaluation of an institutional dental service ever conducted in the United States.

Late in 1959, Richard McGee, Director of the State Department of Corrections, asked Dr. Merrill, State Director of Public Health, for assistance in conducting a thorough study of the \$400,000 a year dental care program in the State's eight correctional institutions. Mr. McGee requested the survey in order to define areas of need and to formulate recommendations for improvement in the dental service, which is an important part of the rehabilitative services for the institutional population.

The survey encompassed the entire dental care program, including administration, facilities, equipment and supplies, clinic management, record keeping, laboratory services, workload, and productivity. Recommendations based on the findings were developed to assist the Department of Corrections in resolving problem areas and improving its dental care program.

After age 50, heart attacks seem to occur as often among women as among men, autopsy studies indicate.—*Today's Health*, October, 1960.

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